

ALCOHOL AND/OR OTHER DRUG PROGRAM

CERTIFICATION

RENEWAL APPLICATION BOOKLET

ADP 5085-D



STATE OF CALIFORNIA

HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

QUALITY ASSURANCE DIVISION

LICENSING AND CERTIFICATION BRANCH

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REVISED 02/2000

**ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
RENEWAL APPLICATION CHECKLIST
ADP 5085-D**

SECTIONS A & B

Residential and nonresidential programs require separate applications for renewal.

This form is to assist in identifying forms and documents needed for renewal of program certification. The following pages describe each item in greater detail.

SECTION A

(For Departmental Use)

	YES	NO	INCOMPLETE	NA
REQUEST FOR RENEWAL CERTIFICATION - Renewal Application for Alcohol and/or Other Drug Program Certification (ADP5085 – D).				
ANNUAL LINE ITEM BUDGET				

SECTION B

SUPPORTIVE DOCUMENTS

The following documents shall be submitted when there has been a change in the documents previously submitted for initial or renewal certification.

(For Departmental Use)

	YES	NO	INCOMPLETE	NA
1. PROGRAM MISSION AND PHILOSOPHY STATEMENT(S)				
2. PROGRAM DESCRIPTION (If there are changes in current services or additional services being requested (i.e., detoxification), include description.				

(For Departmental Use)

	YES	NO	INCOMPLETE	NA
3. STATEMENT OF PROGRAM OBJECTIVES				
4. PROGRAM EVALUATION PLAN				
5. CONTINUOUS QUALITY MANAGEMENT PLAN				
6. OUTLINE OF ACTIVITIES AND SERVICES TO BE PROVIDED BY THE PROGRAM. INCLUDE DESCRIPTION IF THERE ARE CHANGES IN CURRENT SERVICES OR ADDITIONAL SERVICES BEING REQUESTED (I.E., DETOXIFICATION). INCLUDE WEEKLY ACTIVITY SCHEDULE (ADP5085-A5)				
7. STATEMENT OF THE ADMISSION, READMISSION, AND INTAKE CRITERIA				
8. COPY OF THE PROGRAM'S PARTICIPANT ADMISSION AGREEMENT				
9. TABLE OF ADMINISTRATIVE ORGANIZATION – showing the lines of authority of all paid and volunteer staff including the board of directors and community advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency.				
10. STAFFING PLAN, JOB DESCRIPTIONS AND MINIMUM STAFF QUALIFICATIONS. Include Facility Staffing Data Form (ADP5085-A6)				
11. APPROVED FIRE CLEARANCE <u>For nonresidential programs, a fire clearance shall be obtained prior to July 1, 2000.</u> An approved fire clearance issued from the fire authority having jurisdiction for the area in which the program is located shall be submitted when the provider is requesting modifications to the building or when a provider is requesting modifications to the building or when the provider is requesting an increase in its residential capacity.				

RENEWAL APPLICATION
FOR
ALCOHOL AND/OR OTHER DRUG PROGRAM
CERTIFICATION
ADP 5085 D

SECTION A

(Residential and nonresidential program require separate applications for renewal)

(FOR DEPARTMENTAL USE ONLY)

PROGRAM ID: _____ **DATE:** _____

COUNTY: _____ **REVIEWED BY:** _____

DIRECTIONS TO FACILITY

1. RENEWAL CERTIFICATION, PLEASE INDICATE:

CERTIFICATION NUMBER _____

PRESENT EXPIRATION DATE _____

2. PROGRAM INFORMATION:

(Name of Program)

(Location to be certified) (City/State) (Zip)

(County) (Telephone number) (Fax number, if available)

(Mailing Address – if different from above)

3. PROGRAM CONTACT PERSON:

(Name) (Title) (Telephone number)

4. LEGAL OWNER INFORMATION (Legal name, if corporation, the name filed with the Secretary of State):

5. NAME AND TITLE OF THE OFFICER OR EMPLOYEE WHO ACTS ON BEHALF OF THE LEGAL ENTITY/OWNER:

(Name) (Title) (Telephone number)

(Street Address) (City/State) (Zip)

6. TYPE OF ORGANIZATION:

- ☐ Profit Corporation ☐ Not for Profit Corporation
☐ Sole Proprietor ☐ Partnership ☐ Government Entity

7. IS THIS A NEW ALCOHOL AND/OR OTHER DRUG PROGRAM SERVICE(S)?

- ☐ YES ☐ NO

TYPE OF ALCOHOL AND/OR OTHER DRUG PROGRAM SERVICE(S) PROVIDED:

- A. ☐ Residential C. ☐ Nonresidential:
B. ☐ Residential Detoxification 1. ☐ Day Treatment
2. ☐ Outpatient
3. ☐ Detoxification

(If program requests detoxification services, please include protocol required in Section B Supportive Documents.)

8. TARGET POPULATION TO BE SERVED:

- ☐ Co-ed ☐ Men only ☐ Women only
☐ Women/Children ☐ Youth/Adolescents ☐ Families
☐ Dual Diagnosis ☐ Other

If other, please identify: _____

9. HOURS OF OPERATION: 24-HOUR FACILITY ☐ YES ☐ NO

(If less than 24-hour operation, provide specific hours of operation)

Monday: _____ Friday: _____
Tuesday: _____ Saturday: _____
Wednesday: _____ Sunday: _____
Thursday: _____

10. DOES THE APPLICANT PROVIDE OTHER SERVICES AT THIS LOCATION?

☐ YES ☐ NO

If yes, please identify the type of service(s) provided:

11. INCLUDE A COPY OF THE PROGRAM'S ANNUAL LINE-ITEM BUDGET.

12. DOES THE APPLICANT HAVE A COUNTY ALCOHOL AND/OR OTHER DRUG PROGRAM CONTRACT:

☐ YES ☐ NO

(If yes, identify funding on annual line-item budget.)

13. AUTHORIZED SIGNATURE(S) OF APPLICANT:

1. If the applicant is a sole proprietor, the proprietor shall sign the application.
2. If the applicant is a partnership, each partner shall sign the application.
3. If the applicant is a firm, association, corporation, county, city, public agency, or other governmental entity, the chief executive officer or the individual legally responsible for representing the firm, association, corporation, county, city, public agency, or other governmental entity shall sign the application. The application shall include the resolution or board minutes authorizing the individual to sign.

THE UNDERSIGNED ENSURES THAT THE PROGRAM DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES AND PROVISION OF SERVICES ON THE BASIS OF ETHNIC GROUP IDENTIFICATION, RELIGION, AGE, SEX, COLOR OR DISABILITY PURSUANT TO TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (SECTION 2000d, TITLE 42, UNITED STATES CODE); THE AMERICANS WITH DISABILITIES ACT OF 1990 (SECTION 12132, TITLE 42, UNITED STATES CODE); AND FOR RECIPIENTS OF FINANCIAL ASSISTANCE, THE REHABILITATION ACT OF 1973 (SECTION 794, TITLE 29, UNITED STATES CODE), AND CHAPTER 6 (COMMENCING WITH SECTION 10800), DIVISION 4, TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS.

THE APPLICANT(S) AFFIRM THAT THE FACTS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.

(SIGNATURE)	(TITLE)	(DATE)
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(SIGNATURE)	(TITLE)	(DATE)
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(SIGNATURE)	(TITLE)	(DATE)
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RENEWAL APPLICATION FOR ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION

EXPLANATIONS OF SECTION A – INFORMATION/FORMS TO BE SUBMITTED TO THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS TO REQUEST ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION. (***Residential and nonresidential programs require separate applications.***)

Renewal Application for Alcohol and/or Other Drug Program Certification
(ADP5085 – C) – The contents of the application shall contain the following:

1. Provider identification number assigned by the Licensing and Certification Branch;
 2. Name, address, and telephone number of the program;
 3. Name, mailing, and telephone number address of the applicant;
 4. Annual Line-Item Budget - Attach a line-item budget (projection of revenues and expenditures) for each fiscal year that correlates with quarterly and annual written operation reports and, if the provider is a nonprofit corporation, is approved by the board of directors. [Standards Section 20000]
 5. Name of Program Director; and
 6. Type of program services(s) to be provided
-

EXPLANATION OF SECTION B:

Supportive documents and forms to be submitted to ADP when there have been a change from the documents previously submitted for initial certification or extension of the existing certification period:

1. **Program Mission and Philosophy Statement** - A written statement(s) describing the program's mission and/or philosophy. [Standards Section 8000]
2. **Program Description** - A written document that describes the program's alcohol and/or other drug services and settings that are offered according to the severity of alcohol and/or other drug involvement and the program's approach to recovery or treatment which shall include but not be limited to an alcohol and drug free environment. [Standards Section 9000]

3. **A Statement of Program Objectives** - Written, time-limited and measurable process and outcome objectives that can be verified in terms of time and results and that serve as indicators of program effectiveness. [Standards Section 10000]
4. **Program Evaluation Plan**- A written evaluation plan for management decision making. [Standards Section 11000]
5. **Continuous Quality Management Plan** –Written policies and procedures for continuous quality management which shall include continuity of activities, participant file review, and recovery or treatment plan review. [Standards Section 17020.a, b, and c.]
6. Outline of activities and services to be provided by the program (**ADP 5085**) – **Show outline for specific activities and services such as: detoxification (if applicable), group and individual sessions, recovery or treatment planning, continuing recovery or treatment planning recreation, self-help activities (AA, NA, CA), and other activities/services. [Standards Section 3035.a.7]** (Include weekly activity schedule ADP 5085-A5)
7. **Statement of the Admission, Readmission, and intake criteria (including detoxification services, if applicable)** - Written admission, readmission, and intake criteria for determining the participant's eligibility and suitability for services and procedures. [Standards Section 12010.a, b.1-3, c.1-2, and d, and Section 16015.a-e.]
8. **A copy of the program's participant admission agreement** – A written admission agreement that shall be signed and dated by the participant and program staff upon admission. The admission agreement shall inform the participant of the following:
 - a. Fees assessed for services provided;
 - b. Activities expected of participant;
 - c. Program rules and regulations;
 - d. Participants' statutory rights to confidentiality;
 - e. Participants' grievance procedure; and
 - f. Reasons for termination. [Standards Section 3035.a.10 and Section 2100.a-f.]

9. **Table of Administrative Organization** – A document showing the lines of authority of all paid and volunteer staff including the board of directors (if applicable) and the community advisory board. Public organizations shall provide an organization chart that reflects the program's placement within a government agency. Private organizations shall provide documentation of the legal authority for the formation of the agency. [Standards Section 3035.a.11]
10. A Staffing Plan, job description, and minimum staff qualification - **(ADP 5085) – Identify the program staff and volunteers, their job description and the minimum staff qualification for the position. [Standards Sections 19005.b.1-6, 19005.c.1-9, and 19015.f.1-4.]** (Include facility staffing data form ADP 5085-A6)
11. **An Approved Fire Clearance** – Documentation of the most recent fire safety inspection by the local fire authority (no more than 12 months prior to the date that the Department receives the application for certification) assuring that all fire safety requirements have been met. [Standards Section 3035.b and 26015]

WEEKLY SCHEDULE OF RECOVERY, TREATMENT, OR DETOXIFICATION SERVICES

(INCLUDE INDIVIDUAL/GROUP EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING)

DETOXIFICATION SERVICES PROVIDED AT THE FACILITY (please check): ☐ YES ☐ NO

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7 a.m.							
7-8 a.m.							
8-9 a.m.							
9-10 a.m.							
10-11 a.m.							
11 a.m. - 12 p.m.							
12-1 p.m.							
1-2 p.m.							
2-3 p.m.							
3-4 p.m.							
4-5 p.m.							
5-6 p.m.							
6-7 p.m.							
7-8 p.m.							

TOTAL HOURS PER WEEK OF INDIVIDUAL/GROUP/EDUCATION SESSIONS, RECOVERY OR TREATMENT PLANNING, AND DETOXIFICATION SERVICES (IF PROVIDED): _____

Comments:

State of California - Health and Human Services Agency
APPLICATION FOR LICENSE AND/OR CERTIFICATION
FACILITY STAFFING DATA/A-5

Department of Alcohol and Drug Programs

INSTRUCTIONS: Use this form to identify all staff of the facility/program. Volunteers are to be designated by placing a "V" after their name.

Employee Name, Title and Drivers License #	Date Employed	Total Time of Alcohol/Drug Program Experience	Total Hours Per Month Scheduled	Date of Last TB Test	Date of Last CPR Training	Date of Last First Aid Training